

23A00810
No. _____

STATE COURT OF DEKALB COUNTY
GEORGIA, DEKALB COUNTY

Date Summons Issued and Filed
2/21/2023

SUMMONS

/s/ Monica Gay

Deputy Clerk

Dorothy Clark

Deposit Paid \$ _____

(Plaintiff's name and address)

☐ **ANSWER**

vs.

☒ **JURY**

Conner Goodwin

2709 Citco Avenue, Apartment E01

Chatanooga, TN 37406

(Defendant's name and address)

TO THE ABOVE-NAMED DEFENDANT:

You are hereby summoned and required to file with the Clerk of State Court, Suite 230, 2nd Floor, Administrative Tower, DeKalb County Courthouse, 556 N. McDonough Street, Decatur, Georgia 30030 and serve upon the plaintiff's attorney, to wit:

Riley W. Snider, Esq.

(Name)
178 South Main Street, Unit #300, Alpharetta, GA 30009

770.799.2757 (Address) 912995

(Phone Number) (Georgia Bar No.)

an **ANSWER** to the complaint which is herewith served upon you, within thirty (30) days after service upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. (Plus cost of this action.)

EXHIBIT F

Defendant's Attorney

Third Party Attorney

Address

Address

Phone No. Georgia Bar No.

Phone No. Georgia Bar No.

TYPE OF SUIT

- ☐ Account
☐ Contract
☐ Note
☐ Trover

- ☐ Personal Injury
☐ Medical Malpractice
☐ Legal Malpractice
☐ Product Liability
☐ Other

Principal \$ _____
Interest \$ _____
Atty Fees \$ _____

☐ Transferred From _____

(Attach BLUE to Original and WHITE to Service Copy of complaint)